

SEC 1972 Potential persons who are to respond to the collection of information contained in (6/99)this form are not required to respond unless the form displays a currently valid OMB control number.

### **ATTENTION**

VED

Failure to file notice in the appropriate states will not result in a loss of the federal exemption. Conversely, failure to file the appropriate federal notice will not result in a loss of an available state exemption state exemption unless such exemption is predicated on the filing of a federal notice.

9 2002

# **UNITED STATES** SECURITIES AND EXCHANGI COMMISSION Washington, D.C. 20549

**PROCESSED** 

# FORM D

APR 0 3 2002

THOMSON FINANCIAL

NOTICE OF SALE OF SECURITIES PURSUANT TO REGULATION D, SECTION 4(6), AND/OR UNIFORM LIMITED OFFERING EXEMPTION

ONB APPROVAL
OMB Number: 3235-0076
Expires: May 31, 2002
Estimated average burden hours per response 1

SEC USE ONLY

DATE RECEIVED

Serial

Prefix

Name of Offering (check if this is	s an amendment and name has changed, and inc	dicate change.)
Vision III Imaging,	Inc. Series A Preferred Stock	c Offering
Filing Under (Check box(es) that apply):	at []Rule 504 []Rule 505 [k]Rule 506 [	[ ] Section 4(6) [ ] ULOE
Type of Filing: [x] New Filing	[ ] Amendment	
The state of the s	A. BASIC IDENTIFICATION DATA	
1. Enter the information request	ed about the issuer	
Name of Issuer (check if this is Vision III Imaging	an amendment and name has changed, and indice, Inc.	ciate change.)
Address of Executive Offices	(Number and Street, City, State, Zip Code)	Telephone Number
(Including Area Code) 718 Pine Street, He:	rndon, Virginia 20170	703-478-5270
Address of Principal Business C (Including Area Code) (if different from Executive Offic	Operations (Number and Street, City, State, Zip (	Code) Telephone Number
Brief Description of Business De	evelopment, marketing and sale of au	to stereoscopic imaging
process for film, vide	eo, computer and website applications	5.
Type of Business Organization	and the second s	
[x] corporation	[ ] limited partnership, already formed [	other (please specify):

[ ] limited partnership, to be formed

1 business trust

	Month	Year		
Actual or Estimated Date of Incorporation or Organization:	[ ] 9]	[8 ]9 ]	[x] Actual	[ ] Estimated
Jurisdiction of Incorporation or Organization: (Enter two-lette	er U.S. P	ostal Service	e abbreviatio	n for State:
CN for Canada; FN	I for othe	r foreign jur	isdiction) [	V] [A ]

### **GENERAL INSTRUCTIONS**

#### Federal:

Who Must File: All issuers making an offering of securities in reliance on an exemption under Regulation D or Section 4(6), 17 CFR 230.501 et seq. or 15 U.S.C. 77d(6).

When to File: A notice must be filed no later than 15 days after the first sale of securities in the offering. A notice is deemed filed with the U.S. Securities and Exchange Commission (SEC) on the earlier of the date it is received by the SEC at the address given below or, if received at that address after the date on which it is due, on the date it was mailed by United States registered or certified mail to that address.

Where to File: U.S. Securities and Exchange Commission, 450 Fifth Street, N.W., Washington, D.C. 20549.

Copies Required: Five (5) copies of this notice must be filed with the SEC, one of which must be manually signed. Any copies not manually signed must be photocopies of manually signed copy or bear typed or printed signatures.

Information Required: A new filing must contain all information requested. Amendments need only report the name of the issuer and offering, any changes thereto, the information requested in Part C, and any material changes from the information previously supplied in Parts A and B. Part E and the Appendix need not be filed with the SEC.

Filing Fee: There is no federal filing fee.

### State:

This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for sales of securities in those states that have adopted ULOE and that have adopted this form. Issuers relying on ULOE must file a separate notice with the Securities Administrator in each state where sales are to be, or have been made. If a state requires the payment of a fee as a precondition to the claim for the exemption, a fee in the proper amount shall accompany this form. This notice shall be filed in the appropriate states in accordance with state law. The Appendix in the notice constitutes a part of this notice and must be completed.

### A. BASIC IDENTIFICATION DATA

- 2. Enter the information requested for the following:
  - Each promoter of the issuer, if the issuer has been organized within the past five years;
  - Each beneficial owner having the power to vote or dispose, or direct \* of or disposition of, 10% or more of a class of equity securities of the issuer;
  - Each executive officer and director of corporate issuers and of corporate general and managing partners of partnership issuers; and
  - Each general and managing partner of partnership issuers.

Check Box(es) that Apply:	[ ] Promoter [x] Beneficial Owner	[x] Executive Officer	[x] Director [ ] General and/or Managing Partner
Full Name (Last name	first, if individual)	***************************************	
Mayhew, Chri	stopher A.		

718 Pine Stre			City, State, Zip Co		
Check Box(es) that Apply:	• • • • • • • • • • • • • • • • • • • •	Beneficial Owner	[x] Executive Officer	[x] Director [	] General and/or Managing Partner
Full Name (Last name	first, if individual)				
Califf, Toxe	еу Н.				
Business or Residence	e Address (Number	r and Street	City, State, Zip Co	ode)	
718 Pine St	reet, Herndo	n, VA 2	0170		
Check Box(es) that Apply:		Beneficial Owner	[ ] Executive Officer	[x] Director [	] General and/or Managing Partner
Full Name (Last name	first, if individual)				
Hunt, Donald	d S.			1000	
Business or Residence	e Address (Number	r and Street	City, State, Zip Co	ode)	
860 N. Lakes	shore Drive,	Suite	1500, Chicago	, IL 60611	
Check Box(es) that Apply:		Beneficial Owner	[ ] Executive Officer	[x] Director [	] General and/or Managing Partner
Full Name (Last name	first, if individual)				
Stewart, Joh	nn F.				
Business or Residenc	•		•	ode)	
19 Mentone I	Road, Carmel	, CA 93	923		
Check Box(es) that Apply:		Beneficial Owner	[ ] Executive Officer	[x] Director [	] General and/or Managing Partner
Full Name (Last name	first, if individual)				
Kanter, Joe	1				
Business or Residenc	e Address (Number	r and Street	City, State, Zip Co	ode)	
President, Windy	City, Inc., 30	00 Towers	Crescent Dr.	, Suite 1070,	Vienna, VA 221
Check Box(es) that Apply:		Beneficial Owner	[ ] Executive Officer	[ ] Director [	] General and/or Managing Partner
Full Name (Last name	e first, if individual)		agent and anti-control of the control of the contro		
Business or Residenc	e Address (Numbe	r and Street	, City, State, Zip Co	ode)	
Check Box(es) that Apply:	[] Promoter[][	Beneficial Owner	[ ] Executive Officer	[ ] Director [	] General and/or Managing Partner
Full Name (Last name	e first, if individual)		and the state of t		<u></u>
Business or Residence	e Address (Numbe	r and Street	, City, State, Zip Co	ode)	
(Use blar	nk sheet, or copy a	and use add	litional copies of	this sheet, as nec	essary.)
***************************************	B. IN	FORMATIO	N ABOUT OFFER	ING	

1. Has the issuer sold, or does the issuer intend to sell, to non-accredited investors in this offering?								Ye [ x	· · · · · · · · · · · · · · · · · · ·			
						-		f filing un				
2. Wha	at is the	minimu	m invest	tment th	at will be	accepte	ed from a	any indivi	dual?	•••••	_	125,000
3. Doe	s the of	ering pe	ermit joir	nt owner	ship of a	single u	ınit?	•••••			Ye [×	
directly connect persor the na persor only.	y or indir ction with or ager me of the os of suc	ectly, ar h sales on t of a broker th a broker	ny comin of secur roker or r or deal ker or de	nission o ities in the dealer r ler. If mo ealer, yo	or similar he offering registere ore than u may se	remuneing. If a pid with the five (5) p	ration fo erson to e SEC a persons t	en or will r solicitat be listed nd/or with to be listen nation for	ion of puris an ass n a state ed are ass	rchasers sociated or states sociated	, list	
Full Na	ıme (Las	it name	tirst, it ii	ndividua	1)							
Busine	ss or Re	sidence	Addres	ss (Num	ber and	Street, C	ity, State	e, Zip Co	de)			*
Name	of Assoc	ciated B	roker or	Dealer			***************************************					
States	in Whic	h Persoi	n Listed	Has So	licited or	Intends	to Solici	t Purchas	ers			
							)			[	] All S	States
(AL)	[AK]	[AZ]	[AR]	[CA]	[CO]	[CT]	, [DE]	[DC]	[FL]	[GA]	[HI]	[ID]
[IL]	[IN]	[IA]	[KS]	[KY]	[LA]	[ME]	[MD]	[MA]	[MI]	[MN]	[MS]	[MO]
[MT]	[NE]	[NV]	[NH]	[NJ]	[NM]	[NY]	[NC]	[ND]	[OH]	[OK]	[OR]	[PA]
[RI]	[SC]	[SD]	[TN]	[XT]	[UT]	[17]	[VA]	[WA]	[WV]	[WI]	[WY]	[PR]
Full Na	me (Las	st name	first, if i	ndividua	1)			n ng an ma magama a kanang		***************************************		
Busine	ss or Re	esidence	Addres	ss (Num	ber and	Street, C	ity, State	e, Zip Co	de)			
Name	of Assoc	ciated B	roker or	Dealer		·						
States	in Whic	h Persoi	n Listed	Has So	licited or	Intends	to Solici	t Purchas	sers	***************************************		
(Che	ck "All	States'	or ch	eck ind	lividual	States	·)			[	] All S	States
[AL]	[AK]	[AZ]	[AR]	[CA]	[CO]	[CT]	[DE]	[DC]	[FL]	[GA]	[HI]	[ID]
[IL]	[IN]	[IA]	[KS]	[KY]	[LA]	[ME]	[MD]	[MA]	[MI]	[MN]	[MS]	[MO]
[MT]	[NE]	[NV]	[NH]	[NJ]	[MM]	[NY]	[NC]	[ND]	[OH]	[OK]	[OR]	[PA]
[RI]	[SC]	[SD]	[TN]	[XT]	[UT]	[[	[VA]	[WA]	[WV]	[WI]	[WY]	[PR]
Full Na	ame (Las	st name	first, if i	ndividua	l)							
Busine	ss or Re	esidence	Addres	ss (Num	ber and	Street, C	City, State	e, Zip Co	de)			
Name	of Assoc	ciated B	roker or	Dealer	· · · · · · · · · · · · · · · · · · ·	· · · · · ·						
States	in Whic	h Perso	n Listed	Has So	licited or	Intends	to Solici	t Purcha	sers		and the second s	
(Che	ck "All	States	" or ch	eck ind	lividual	States	s)			[	] All S	States

[AL]	[AK]	[AZ]	[AR]	[CA]	[CO]	[CT]	[DE]	[DC]	[FL]	[GA]	[HI]	[ID]	
[IL]	[IN]	[IA]	[KS]	[KY]	[LA]	[ME]	[MD]	[MA]	[MI]	[MN]	[MS]	[MO]	
[MT]	[NE]	[NV]	[NH]	[NJ]	[MM]	[NY]	[NC]	[ND]	[OH]	[OK]	[OR]	[PA]	
[RI]	[SC]	[SD]	[TN]	[XT]	[UT]	[VT]	[VA]	[WA]	[WV]	[WI]	[WY]	[PR]	

(Use blank sheet, or copy and use additional copies of this sheet, as necessary.)

# C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE OF PROCEEDS

1. Enter the aggregate offering price of securities included in this offering and the total amount already sold. Enter "0" if answer is "none" or "zero." If the transaction is an exchange offering, check this box Ë and indicate in the columns below the amounts of the securities offered for exchange and already exchanged.

Type of Security	Aggregate Offering Price	Amount Already Sold
Debt	\$	\$
Equity	\$	\$
[ ] Common [x] Preferred		
Convertible Securities (including warrants)	<b>\$</b> 3,500,000	\$ 0
Partnership Interests	\$	\$
Other (Specify).	\$	\$ 0
Total	\$ <u>3,500,000</u>	\$
Answer also in Appendix, Column 3, if filing under ULOE.		

2. Enter the number of accredited and non-accredited investors who have purchased securities in this offering and the aggregate dollar amounts of their purchases. For offerings under Rule 504, indicate the number of persons who have purchased securities and the aggregate dollar amount of their purchases on the total lines. Enter "0" if answer is "none" or "zero."

Accredited Investors	Number Investors 0	Dollar Amount of Purchases
Non-accredited Investors	0	<b>\$</b> 0
Total (for filings under Rule 504 only)	0	<u>0</u>

Answer also in Appendix, Column 4, if filing under ULOE.

3. If this filing is for an offering under Rule 504 or 505, enter the information requested for all securities sold by the issuer, to date, in offerings of the types indicated, the twelve (12) months prior to the first sale of securities in this offering. Classify securities by type listed in Part C-Question 1.

Type of offering	Type of Security	Sold
Rule 505		\$
Regulation A		\$
Rule 504		\$
Total		\$

Aggregate

4. a. Furnish a statement of all expenses in connection with the issuance and distribution of the securities in this offering. Exclude amounts relating solely to organization expenses of the issuer. The information may be given as subject to future contingencies. If the amount of an expenditure is not known, furnish an estimate and check the box to the left of the estimate.

Transfer Agent's Fees	[]\$
Printing and Engraving Costs	[]\$
Legal Fees	[x]\$ <u>30,000</u>
Accounting Fees	[√]\$ <u>5,000</u>
Engineering Fees	[]\$
Sales Commissions (specify finders' fees separately)	[]\$
Other Expenses (identify)	[]\$
Total	[x]\$35,000

\$ 3,465,000

Payments to

5. Indicate below the amount of the adjusted gross proceeds to the issuer used or proposed to be used for each of the purposes shown. If the amount for any purpose is not known, furnish an estimate and check the box to the left of the estimate. The total of the payments listed must equal the adjusted gross proceeds to the issuer set forth in response to Part C - Question 4.b above.

	Officers,	Payments
	Directors, & Affiliates	Others
Salaries and fees	[] \$420,700	\$ 230,000
Purchase of real estate	[] \$	[] \$
Purchase, rental or leasing and installation of n achinery and equipment	[]	\$ 529,450
Construction or leasing of plant buildings and facilities	[] \$	[] \$ 60,000
Acquisition of other businesses (including the value of securities involved in this offering that may be used in exchange for the assets or securities of another issuer pursuant to a merger)	[]	[] \$
Repayment of indebtedness Accrued Payables (Legal, Patents, etc.)	\$	[] \$ 365,000
Working capital	[] \$	[] \$ 1,136,000
Other (specify): Product Development (Relay Lens and MOE-B	[] \$	[] \$ 465,200
lens prototype development)Varketing, Advertising, Lecal (General and Patents) and Acctg.	[] \$	[] \$ 257,950
Column Totals	[] \$ 420,700	3,044,300
Total Payments Listed (column totals added)	[]\$3	465,000

# D. FEDERAL SIGNATURE

The issuer has duly caused this notice to be signed by the undersigned duly authorized person. If this notice is filed under Rule 505, the following signature constitutes an undertaking by the issuer to furnish to the U.S. Securities and Exchange Commission, upon written request of its staff, the information furnished by the issuer

to any non-accredited investor pursuant to paragraph (b)(2) of Rule 502.

Issuer (Print or Type)	Signature / /// // Date						
Vision III Imaging, Inc.	1-4h.//1/2 3/3/02						
Name of Signer (Print or Type)	Title of Signer (Print or Type)						
Christopher A. Mayhew	President						

ATTENTION

Intentional misstatements or omissions of fact constitute federal criminal violations. (See 18 U.S.C. 1001.)

# E. STATE SIGNATURE

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See Appendix, Column 5, for state response.

- 2. The undersigned issuer hereby undertakes to furnish to any state administrator of any state in which this notice is filed, a notice on Form D (17 CFR 239,500) at such times as required by state law.
- 3. The undersigned issuer hereby undertakes to furnish to the state administrators, upon written request, information furnished by the issuer to offerees.
- 4. The undersigned issuer represents that the issuer is familiar with the conditions that must be satisfied to be entitled to the Uniform limited Offering Exemption (ULOE) of the state in which this notice is filed and understands that the issuer claiming the availability of this exemption has the burden of establishing that these conditions have been satisfied.

The issuer has read this notification and knows the contents to be true and has duly caused this notice to be signed on its behalf by the undersigned duly authorized person.

Issuer (Print or Type)	Signature ( ) Date
Vision III Imaging, Inc.	/2/h.///yL 3/8/02
Name of Signer (Print or Type) Christopher A. Mayhew	Title (Print or Type) President

### Instruction:

Print the name and title of the signing representative under his signature for the state portion of this form. One copy of every notice on Form D must be manually signed. Any copies not manually signed

must be photocopies of the manually signed copy or bear typed or printed signatures.

	APPENDIX									
1	2 3  Type of security and aggregate offering price investors in State (Part B-Item 1)  Type of security and aggregate offering price offered in state (Part C-Item 1)			.ar	Type of investor and amount purchased in State (Part C-Item 2)				5 Disqualification under State ULOE (if yes, attach explanation of waiver granted) (Part E-Item 1)	
State	Yes	No		Number of Accredited Investors	Amount	Number of Non-Accredited Investors	Amount	Yes	No	
AL										
AK										
AZ										
AR										
CA	Х		Series A Prefer	red —					x	
CO	X		\$3,500,000						×	
CT	х		Series A Prefer	red					х	
DE			\$3,500,000							
DC	X		Series A Prefer	red					х	
FL			\$3,500,000							
GA										
HI										
ID										
IL	X		Series A Prefe	red					Х	
IN			\$3,500,000							
IA										
KS										
KY										
LA										
ME										
MD	X		Series A Prefer	red					х	
MA			\$3,500,000							
MI										
MN										
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NE										
NV										
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NJ	Х		Series A Prefe	red					Х	
NM			\$3,500,000							
NY										
NC	<u> </u>									

ND					 L		
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OR							
PA							
RI							
SC							
SD		,					
TN							
TX							
UT							
VT				T			
VA	Х		Series A Prefe	ræd			X
WA			\$3,500,000				
WV							
WI							
WY							
PR							

http://www.sec.gov/divisions/corpfin/forms/d.htm Last update: 08/27/1999